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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD (9) Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) FEE RATE RATE FEE **NUMBER EXTRA** NUMBER FILED FOR BASIC FEE OR (37 CFR 1.16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS (37 CFR 1.18(b)) BEST AVAILABLE COP OR X S OR (37 CFR 1.16(d)) MULTIPLE DEPENDENT CLAIM PRESENT TOTAL OR TOTAL " If the difference in column 1 is less than zero, enter "0" in column 2. CLAIMS AS AMENDED - PART II -2505 OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-TIONAL RATE ADDI-PRESENT RATE NUMBER REMAINING ⋖ TIONAL **EXTRA** PREVIOUSLY ENT **AFTER** FEE FEE PAID FOR AMENDMENT クロ x : 50= Minus Total x <u>s 25</u>-OR ENDM (37 CFR 1.18(c))  $\omega_{\overline{\omega}}$ Minus x \$ 200 (37 CFR 1.16(b)) × \$100= OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) 400.00 TOTAL TOTAL OR ADO'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE PRESENT RATE ADDI-NUMBER PREVIOUSLY TIONAL REMAINING TIONAL **EXTRA** AFTER FEE ENDMENT FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) OR Minus OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.16(d)) TOTAL TOTAL ADD'L FEE ADO'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-RATE PRESENT RATE ADDI-NUMBER REMAINING TIONAL TIONAL **EXTRA PREVIOUSLY AFTER** FEE EN FEE AMENDMENT PAID FOR Minus Total pr CFR 1.15(c)) OR Minus OR (37 CFR 1.18(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE OR ADD'L FEE

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information is required to obtain or retain a benefit by the public which is to file (and by the This collection of information of informat